

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582338

FILING DATE

6-26-6

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	0		0			
2		1		1		
3		1		1		
4		2		1		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
9				0		
10	1		1			
11		1		1		
12	2			1		
13				1		
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50						
TOTAL IND.	3		3			
TOTAL DEP.	11		9			
TOTAL CLAIMS	14		12			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						